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Application Number	10602763
Filing Date	6-25-2K3
First Named Inventor	DALE J. DAVIS
Art Unit	
Examiner Name	
Attorney Docket Number	22536.00

I hereby revoke all previous powers of attorney given in the above-identified application:☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:37833

OR

<input checked="" type="checkbox"/> Firm or Individual Name	DALE JAMES DAVIS				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	DALE DAVIS		
Date	10-9-2K7	Telephone	707-207-3755

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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